

## Private Motor Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise, the Policy issued hereunder may be void.

\*Delete or tick  where applicable.

### (A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr\* \_\_\_\_\_ Gender  Male  Female  
 (Name as in your NRIC/FIN/Passport. Please underline surname.)

Residential Address \_\_\_\_\_ Postal Code \_\_\_\_\_

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new mailing address?  Yes  No

NRIC/FIN/Passport/Unique Entity (UEN) No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Please provide NRIC No. if Applicant is a Singaporean/PR)

Nationality  Singaporean  Permanent Resident  Others \_\_\_\_\_ Marital Status  Single  Married  Others  
 (please specify)

Tel \_\_\_\_\_ (Home) \_\_\_\_\_ (HP) Email \_\_\_\_\_

Occupation \_\_\_\_\_  Mainly indoor  Mainly outdoor Name of Employer \_\_\_\_\_

Is the Applicant driving the vehicle?  Yes  No Date driving licence obtained \_\_\_\_\_

### (B) Particulars of Drivers Other than the Applicant

Note: An additional Young and/or Inexperience Driver Excess of \$2,500 applies for you and any person who is under 23 years old, and/or held a valid driving license under 2 years.

Name of Driver	Gender	Date of Birth	NRIC/FIN/ Passport No	Marital Status	Occupation	Relationship to Applicant	Date driving licence obtained (dd/mm/yy)	Demerit points* (past 24 months)
					mainly: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			
					mainly: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			

\* MSIG reserves the rights to verify the Demerit Points with the relevant authority.

### (C) Details of Vehicle

Registration No. \_\_\_\_\_ Make/Model \_\_\_\_\_ Year of Registration \_\_\_\_\_

Engine/Motor No. \_\_\_\_\_ Chassis No. \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Engine Capacity/Power Rating (cc/kW) \_\_\_\_\_ Seating Capacity (including driver) \_\_\_\_\_

Off-Peak Car  Yes  No Parallel Imported?  Yes  No Fuel used  Petrol  Full Electric  Hybrid  Diesel

Name & Address of Finance Company/Bank (if applicable) \_\_\_\_\_

Has your car been modified/alterd from the original manufacturer's specifications?  No  Yes (please specify) \_\_\_\_\_

### (D) Details of Cover Required

Period of Insurance From \_\_\_\_\_ to \_\_\_\_\_

Coverage  Comprehensive  Third Party Fire & Theft  Third Party **Insuring COE/PARF?**  Yes  No  
 please select choice of plan:  MotorMax  MotorMax Plus

Excess Waiver  Yes  No

Cover for non factory-fitted accessories  Yes  No (Please tick or provide details and value below)

Sport Rims  Sun Roof  Body Kit  Solar Film  Others (please specify) \_\_\_\_\_

## (E) No Claim Discount

NCD Entitlement  0%  10%  20%  30%  40%  50%

Is NCD to be transferred from your current/previous insurer?  Yes  No Insurer/ Policy No./ Vehicle No. \_\_\_\_\_

NCD Protector (Applicable to holders of 30% NCD or higher)  Yes  No

**Important note:**

I undertake to pay any difference in the premium under the policy issued by MSIG if I am not entitled to NCD or my NCD entitlement from my previous insurer is lower than what is stated here. An additional premium is required if Excess Waiver optional benefit, Cover for non factory-fitted accessories or NCD Protector is selected.

## (F) Insurance History

a) Has any insurance company at any time in respect of the motor insurance (new or renewal) in your name or in the name of any other person who, to your knowledge, will drive the vehicle:-

- i) Declined any proposal for motor insurance?  No  Yes  
ii) Cancelled any motor insurance policy?  No  Yes  
iii) Refused to renew any motor insurance policy?  No  Yes  
iv) Imposed other special terms on your motor insurance?  No  Yes, please provide details \_\_\_\_\_

b) Have you or any other driver had any motor accidents in the last 3 years?  No  Yes  
If yes, please provide details below, or on a separate sheet if the space is insufficient.

Date of Accident	Name of Driver	Details of Accident	Claim Amount	
			Own Damage	Third Party Claim

c) Have you or has any person whom to your knowledge will drive, been convicted of any offence in connection with any motor vehicle or had their driving licence endorsed or suspended?  No  Yes, please provide details \_\_\_\_\_

d) Is there any Police prosecution pending against you or any other driver (other than parking offences)?  No  Yes, please provide details \_\_\_\_\_

## (G) Premium Payment

Please charge S\$ \_\_\_\_\_ to my Visa/MasterCard Credit Card\* no      -      -      -

Name of Bank \_\_\_\_\_ Name on Credit Card \_\_\_\_\_ Card Expiry Date   /

*Note: Credit card payment is acceptable for personal application only.*

This credit card  belongs to the Insured  belongs to someone other than the Insured

Please state relationship to Insured \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

## (H) Preference For Receiving Updates

Yes, I agree to receive marketing and promotional messages from MSIG via phone-based messaging (such as SMS, WhatsApp, WeChat) and phone calls.

## (I) Declaration

I want to effect the insurance specified here and declare that:

- i) the above mentioned Motor Vehicle is and will be kept in road worthy condition.  
ii) the above mentioned Motor Vehicle is used only for social, domestic and pleasure purpose and for the Applicant's business.  
iii) I and the authorised driver/named driver possess valid driving licence(s) and have not been disqualified from holding or obtaining such driving licence(s).  
iv) I have fully and faithfully, provided all information reasonably expected to influence MSIG Insurance (Singapore) Pte. Ltd.'s ("MSIG") acceptance of this application. If not, MSIG may cancel the policy as at the start date and/or we may receive no benefit (Section 23(5) of the Insurance Act 1966).  
v) I understand this application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by MSIG before cover can be effected.  
vi) I agree that my personal information will be processed in accordance with MSIG's Privacy & Cookies Policy. Where I have disclosed personal particulars of other drivers, I confirm that I have their consent to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Stamp

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer (or name of Scheme member) or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd.